Atty. Dkt. No. 038602-1140



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Klaus P. HIRTH

Title:

METHOD FOR MOLECULAR

**DIAGNOSIS OF TUMOR** ANGIOGENESIS AND

**METASTASIS** 

Appl. No.:

09/829,968

Filing Date: 04/11/2001

Examiner:

HUNT, JENNIFER ELIZABETH

SEP 2 4 2002

RECEIVED

TECH CENTER 1600/2900

Art Unit:

1642

**AMENDMENT TRANSMITTAL** 

Commissioner for Patents Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a [ ] Small Entity statement previously submitted.
- [ ] Small Entity statement is enclosed.
- The fee required for additional claims is calculated below: [ X ]

	Claims as Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	8		20	=	0	х	\$18.00	=	\$0.00
Independents:	1	-	3	=	0	×	\$84.00	=	\$0.00
First presentation	on of any M	ultiple	Dependent	t Cla	ims:	+	\$280.00	=	\$0.00
					CL	AIMS.	FEE TOTAL:	=	\$0.00

Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

Atty. Dkt. No. 038602-1140

\$0.00	\$110.00	Extension for response filed within the first month:	[]	
\$0.00	\$400.00	Extension for response filed within the second month:	[]	
\$920.00	\$920.00	Extension for response filed within the third month:	[ X ]	
\$0.00	\$1,440.00	Extension for response filed within the fourth month:	[]	
\$0.00	\$1,960.00	Extension for response filed within the fifth month:	[ ]	
\$920.00	N FEE TOTAL:	EXTENSIO		
\$920.00	N FEE TOTAL:	CLAIMS AND EXTENSIO		
\$0.00	½ of above):	Small Entity Fees Apply (subtract ½ of above):		
\$920.00	TOTAL FEE:			
	···			

- Please charge Deposit Account No. 19-0741 in the amount of \$920.00. A [ ] duplicate copy of this transmittal is enclosed.
- [ X ] A check in the amount of \$920.00 is enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may [ X ] be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, postdated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Attorney for Applicant

Registration No. 35,087

**FOLEY & LARDNER** 

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